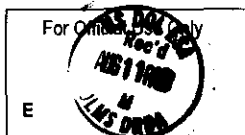


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U- <u>6011</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert</u> <u>A</u> <u>Minnich</u> P.O. Box, Bldg., Room No., if any _____ Street <u>9000 Machinists Place</u> City <u>Upper Marlboro</u> State <u>Maryland</u> ZIP Code + 4 <u>20772</u>	4. Name, file number, and address of labor organization. Name <u>IAM&amp;AW</u> Labor Organization File Number <u>000-107</u> P.O. Box, Building and Room Number, if any _____ Street <u>9000 Machinists Place</u> City <u>Upper Marlboro</u> State <u>Maryland</u> ZIP Code + 4 <u>20772</u>
5. Position in labor organization. <u>S.A. to G.S.T.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>J. [Signature]</u>	On <u>8-5-2005</u> Date	_____ Telephone Number

Name of Person Filing <b>Robert Minnich</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Kelly Press</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>1701 Cabin Branch Drive</b></p> <p>City <b>Cheverly</b></p> <p>State <b>Maryland</b> ZIP Code + 4 <b>20785</b></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11.a. Nature of such dealing.</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><b>11.b. Approximate dollar value of such dealing.</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>12.a. Nature of interest held or income received.</b></p> <p><b>Golf</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><b>12.b. Amount.</b> <span style="float: right;"><b>\$150</b></span></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing Robert Minnich

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name K &amp; R Industries

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 14110 Sullyfield Circle

City Chantilly

State Virginia ZIP Code + 4 20151

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Dinner - Pompilio's

## 12.b. Amount.

\$81

Name of Person Filing Robert Minnich

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Dinner - Piero's

## 12.b. Amount.

\$132

Name of Person Filing Robert Minnich

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name SunTrust Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1445 New York Avenue N.W.

City Washington

State District of Columbia ZIP Code + 4 20005

## 9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Golf

## 12.b. Amount.

\$45

Name of Person Filing Robert Minnich

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Voyageur Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2300 M. Street, N.W., Ste. 800

City Washington

State District of Columbia ZIP Code + 4 20037

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

6 Football Tickets

## 12.b. Amount.

\$510

Name of Person Filing Robert Minnich

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Voyageur Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 2300 M. Street, N.W., Ste. 800

City Washington

State District of Columbia ZIP Code + 4 20037

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Dinner show in Las Vegas

## 12.b. Amount.

\$100

Name of Person Filing Robert Minnich

File Number U-

## Part B Continuation Page

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Trade Name, if any:

P.O. Box, Bldg., Room No., if any

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City Washington

State District of Columbia ZIP Code + 4 20037

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Golf

## 12.b. Amount.

\$60